

## Appendix D: Form – RAPE PROFILE

TVEP CLIENT INTAKE PROFILE															REPORTING DATE DD / MM / YYYY		TIME OF ARRIVAL H		INITIALS & SURNAME					RAPE		IND ASS	
GIVEN NAMES			DATE OF BIRTH DD / MM / YYYY			AGE		SEX		POSTAL ADDRESS					ATT RAPE		INCEST		ABDUCTION								
PHYSICAL ADDRESS & VILLAGE (Include nearest landmark or physical structure)										CLIENT'S CONTACT DETAILS, WORK PLACE, IF EMPLOYED:																	
NAME & CONTACT DETAILS OF TRUSTED CONFIDANT										RELATIONSHIP																	
CAME TO TVEP VIA:		FVSA-Tshi		FVSA-DF		SOCA		CO		SAPS		CASUALTY /OPD		SELF		HELP DESK, specify:			OTHER (Explain)			CAN CHILD BE VISITED AT SCHOOL?		Y N			
HOW DID CLIENT HEAR ABOUT TVEP?		N/A		FRIEND/FAMILY		SAPS		SOCA		CAMPAIGNS/SCHOOLS		MEDIA specify:			HELP DESK, name clinic:			OTHER (Explain)									
PREVIOUS HISTORY OF SEXUAL ASSAULT?		Y N		HAS CLIENT EVER COME TO THE TRAUMA CENTRE BEF				Y N		If yes, please explain (date, time, profile #, problem)					Client physically disabled		Y N		Client mentally disabled		Y N						
TIME DOCTOR PHONED H		TIME DOCTOR ARRIVED H		EXAMINING DOCTOR'S NAME				TIME POLICE PHONED H		TIME POLICE ARRIVED H		NAME OF POLICE OFFICER WHO TOOK STATEMENT															
<b>INCIDENT DATA:</b>																											
DATE OF INCIDENT DD / MM / YYYY			TIME OF INCIDENT H			PERP USE CONDOM Y N DK		CLIENT BATHED Y N		CLIENT URINATED Y N		VILLAGE OF ASSAULT					WEAPON USED										
J88 COMPLETED		Y N		If no, why not?				RAPE KIT USED Y N		If no, why not?				CRIMINAL CASE OPENED? Y N		GANG RAPE? Y N		PRIOR OR PENDING CASES AGAINST PERP/S:									
TYPE OF PLACE ASSAULT TOOK PLACE:		Client's home		Perp's home		Taxi Rank/Bus Stop		Prison		In the bush		On the road		Other explain:			DISTINGUISHING FEATURES:										
PERP'S NAME				SEX		RELATIONSHIP TO CLIENT:				PERP AGE		CONFIRMED AGE		PERPVILLAGE					PERP'S OCCUPATION								
<b>SERVICES AND REFERRALS:</b>																											
HIV CONSENT		Y N		HIV STATUS		Pregnancy Test		Pregnant		PEP		STI Meds		EC		HVs OK?		Form 25		Support Group							
PRETEST COUNSELING		Y N				Y N																					
POSTTEST COUNSELING		Y N				Y N																					
Tick all referrals made:		N/A		Maintenance Forum		Trauma Counsellor		Magistrate's Office		VEP, Specify:			Specify Other:			DATE OF APPOINTMENT DD / MM / YYYY											
		MuFAMSA		Psychologist		Tshedza/AIDS Clinic																					
<b>NETWORK CONTACTS:</b>																											
<b>AGES AND GENDER OF ALL CHILDREN AGED 17 OR UNDER, LIVING IN SAME HOUSEHOLD:</b>																											
Name				Age				Gender				Name				Age				Gender							
1												5															
2												6															
3												7															
4												8															
HOW IS CLIENT FINANCIALLY SUPPORTED?		Client Works		Piece Jobs		Social Grant		Family Member		Other (explain)			BREADWINNER relationship to client					Medical Aid?		Y N							
																		Unknown									
REASON FOR CLIENT DELAY		Client		Police		Trad. Authority		N/A		Client's Family		Perp		Other (explain)					BUS FARE from TC to home		R						
I confirm I was		Care Kit		On the understanding that my confidentiality will not be violated, I hereby (a) Confirm I was given the items ticked at left; (b) Give																							

given the following items <i>(Tick items given          to client)</i>	Soft Toy	consent for TVEP officials to access any information relevant to this case:   <b>SIGNATURE (or thumb print) &amp; PRINTED NAME OF CLIENT OR PARENT/GUARDIAN</b>
	3kg E-Pap	
	Bus tickets R	
NAME OF VA:		PROFILE #:  <b>CLIENT'S BEDLETTER #</b>

### SUMMARY OF INCIDENT (use additional pages if needed)

[illegible]

FOLLOW-UP FORM	CLIENT NAME	PHONE NO.	RECOMMENDED # OF HVs		RECOMMENDED BY
			1	2	

**MEDICAL:**

CLIENT TAKING PEP?	Y	If not, please explain	<i>Please tick side effects:</i>	Diarrhea	Headaches	Sleepiness	Other, explain:		
	N			Weakness	Nausea/Vomiting	N/A			
CLIENT COMPLETED PEP COURSE?	Y	If not, please explain				CLIENT TOOK HIV RETEST?	Y	RESULTS	
	N						N		

**CRIMINAL CASE:**

SAPS CASE NUMBER			STATION INVESTIGATING			INVESTIGATING OFFICER			I/O CONTACT NUMBER		
####-MM-YYYY											
COURT REFERENCE NUMBER			NAME OF PROSECUTOR			NAME OF DEFENCE ATTORNEY			NAME OF PRESIDING OFFICER		
BAIL OPPOSED	Y N	PERP MADE BAIL	Y N	If yes, amount: R	CONDITIONS:				CLIENT INFORMED PERP MADE BAIL?	Y N	
FINGERPRINTS TAKEN?	Y N	POLICE VISIT CRIME SCENE?	Y N	PERP ARRESTED?	Y N DK	DATE DD / MM / YYYY	INFORMED OF COURT DATE?	Y N	CASE CLOSE DATE DD / MM / YYYY	OUTCOME	
<b>COURT DATES &amp; DETAILS</b>											
Date	Court (district, SOCA, high)			Client Informed		VA Attended	Notes & Outcomes				
				Y	N						
				Y	N						
				Y	N						
				Y	N						
				Y	N						
				Y	N						
				Y	N						
				Y	N						
				Y	N						
				Y	N						
				Y	N						
				Y	N						

**HOME VISIT NOTES:**

DATE OF HV #1 DD / MM / YYYY	DATE OF HV #2 DD / MM / YYYY	<i>Use the space below to discuss:</i> <input type="checkbox"/> difficulties attending court <input type="checkbox"/> difficulties attending counselling sessions <input type="checkbox"/> whether counselling has been beneficial	<input type="checkbox"/> whether the police made contact and what was said
DATA ENTRY			

## Appendix D: FORM – DOMESTIC VIOLENCE PROFILE (DV)

										<b>DV</b>				
<b>TVEP CLIENT INTAKE PROFILE</b>			REPORTING DATE DD / MM / YYYY		TIME OF ARRIVAL H		INITIALS & SURNAME			Physical Abuse	Emotional Abuse	Verbal Abuse		
GIVEN NAMES			DATE OF BIRTH DD / MM / YYYY		AGE	SEX	POSTAL ADDRESS			Economic Abuse	Harassment	Stalking	Property Damage	
PHYSICAL ADDRESS & VILLAGE (Include nearest landmark or physical structure)							CLIENT'S CONTACT DETAILS & WORK PLACE, IF EMPLOYED:							
							NAME & CONTACT DETAILS OF TRUSTED CONFIDANT				RELATIONSHIP			
CAME TO TVEP VIA:	FVSA-Tshi	FVSA-DF	SOCA	CO	SAPS	CASUALTY / OPD	SELF	HELP DESK, specify:	OTHER, explain:		CAN CHILD BE VISITED AT SCHOOL?	Y N		
HOW DID CLIENT HEAR ABOUT TVEP?	N/A	FRIEND/FAMILY	SAPS	SOCA	CAMPAIGNS/SCHOOLS	MEDIA, specify:		HELP DESK, name clinic:		OTHER, explain:				
PREVIOUS HISTORY OF ASSAULT?	Y N	HAS CLIENT EVER COME TO THE TRAUMA CENTRE BEFORE?				Y N	If yes, please explain (date, time, profile #, problem)				Client physically disabled	Y N	Client mentally disabled	Y N
TIME DOCTOR PHONED H	TIME DOCTOR ARRIVED H		EXAMINING DOCTOR'S NAME			TIME POLICE PHONED H		TIME POLICE ARRIVED H		NAME OF POLICE OFFICER WHO TOOK STATEMENT				

### INCIDENT DATA:

DATE OF LAST INCIDENT DD / MM / YYYY		TIME OF INCIDENT H		DATE OF 1 <sup>ST</sup> ABUSE DD / MM / YYYY		ABUSE FREQUENCY		VILLAGE OF ASSAULT		WEAPON USED	
J88 COMPL ETED	Y N	If no, why not?			DOES ACCUSED OWN A GUN?	Y N	IS IT LICENSED	Y N	CRIMINAL CASE OPENED?	Y N	PRIOR OR PENDING CASES AGAINST PERP/S:
TYPE OF PLACE ASSAULT TOOK PLACE:		Client's home	Perp's home	Taxi Rank/Bus Stop	Prison	In the bush	On the road	Other (please explain):			
PERP'S NAME		SEX	RELATIONSHIP TO CLIENT:			PERP AGE		CONFIRMED AGE	PERPVILLAGE		PERP'S OCCUPATION

### SERVICES AND REFERRALS:

DOES CLIENT NEED SHELTER?		Y N	If yes, detail gender & ages of children to accompany					IS THERE A FAMILY MEMBER CLIENT CAN STAY WITH?		Y N	If yes, detail name, relationship, location contact no.	
FORM 25	Y N	PROTECTION ORDER			Y N	SUPPORT GROUP		Y N				
Tick all referrals made:	N/A	Maintenance Forum	Trauma Counsellor	Magistrate's Office		VEP, Specify:			Specify Other:		DATE OF APPOINTMENT DD / MM / YYYY	
		MuFAMSA	Psychologist	Tshedza/AIDS Clinic								

**NETWORK CONTACTS:**

AGES AND GENDER OF ALL CHILDREN AGED 17 OR UNDER, LIVING IN SAME HOUSEHOLD:													
Name		Age	Gender	Witnessed the Violence?		Name		Age	Gender	Witnessed the Violence?			
1				Y	N	5				Y N			
2				Y	N	6				Y N			
3				Y	N	7				Y N			
4				Y	N	8				Y N			
HOW IS CLIENT FINANCIALLY SUPPORTED?	Client Works	Piece Jobs	Social Grant	Family Member	Other (explain)		BREADWINNER relationship to client		Medical Aid?		Y	N	
									Unknown				
REASON FOR CLIENT DELAY	Client	Police	Trad. Authority	N/A	Client's Family	Perp	Other (explain)		BUS FARE from TC to home		R		
I confirm I was given the following items (Tick items given to client)	Care Kit	On the understanding that my confidentiality will not be violated, I hereby (a) Confirm I was given the items ticked at left; (b) Give consent for TVEP officials to access any information relevant to this case:  <b>SIGNATURE (or thumb print) &amp; PRINTED NAME OF CLIENT OR PARENT/GUARDIAN</b>											
	Soft Toy												
	3kg E-Pap												
	Bus tickets												
	R												
NAME OF VA:					CLIENT'S BEDLETTER #					PROFILE #:			

[illegible]